Kinder Cabin, LLC. Spanish Preschool & Daycare

Summer Camp Registration

Child’s Name:

Address:

Parents name:

Email:

Emergency contact number 1:…………………………………………………..relationship:…………………………………..

Emergency contact number 2:…………………………………………………..relationship:…………………………………..

Week(S):

Tittle:

Do you need after camp care?................

Days and hours::……………………………………………………..

Please send this form with the check or online Payment with Zelle

23846 SE 30th ST Sammamish WA 98075

Zelle : office@kindercabin.info

I give permission to my child…………………………………….to go on walking trips to the park.

----------I give;-----------I do not give my permission to photograph my child at Kinder Cabin LLC for the purposes of publicity and/or marketing.

Does child have any allergies? ……………

If yes please describe…………………………………………………………………………………………………………

Parent or legal guardian signature………………………………………………………………..

Date: